Revised 06/05

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12TH, SUITE 1A DES MOINES, IA 50319 Fax: (515)281-3701 www.iowa.gov/ethics



lowa Code section 8.7 requires all gifts, bequests, and grants given to any department of the state of lowa or received by the Governor on behalf of the state be reported to the lowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is required to be filed within 20 days of receipt of the gift, bequest, or grant.

FΩ	RI	A-G	RG

Gift, Bequest, or Grant information received by a department or accepted by the Governor on behalf

of the state	
For office	use only
Audited	
Checked	
Computer	
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DEPARTMENT	OR OFFICE	RECEIVING	THE GIFT.	BEQUEST.	OR G	RANT
DELYCKIMENT	OK OFFICE	VTOC: 11140		,,	-	2127111

State Training School		
Name of Department or Office 3211 Edgington Ave.	Eldora, IA. 50627	7
Malling Address 641-458-5402	City, State, Zip Code	Å
Area Code & Telephone No.		=
CONTACT PERSON FOR RECIPIENT DEPARTM	MENT OR OFFICE:	
Barb Fredericks		-
Name 3211 Edgingtos Ave.	Eldora IA. 50627	
Mailing Address (if different from above)	City, State, Zip (if different from above)	
bfreder@dhs-state in us		
Email Address	Area Code & Telephone Number (if different from abo	ove)

DONOR OF GIFT, BEQUEST, OR GRANT:

American Legion Auxil	iary - U <u>ni</u> t 110	
Name		· · · · · · · · · · · · · · · · · · ·
PO Box 318	Manly, IA 50456	
Mailing Address	City, State, Zip Code	05-07-10
		Date of Gift, Bequest, or Grant
Area Code & Telephone Nur	mber	"value is defined as "fair market receiving department or office.
Email Address (optional)		

\$ 152.50 Amount/Value*

value" of item as determined by f no value mark "0.00".

Provide a description of the gift, bequest, or grant and purpose thereof:

Used videos, puzzles, two new pairs of shoes, new sweatpants, & other items - for student use

Criteria to use this form:

Receipt of any gift, bequest, or grant that is received by any department of the state or received by the Governor on behalf of the state.

Statement of Affirmation:

Barb Fredericks affirm that the gift, bequest, or grant reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

Bars Frederices	
Signature	

Signature

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FORM-GBG	
Gift, Bequest, or Grant information received by a department or accepted by the Governor on behalf of the state	
For office use only Indexed	
Audited	
Checked	
Committee	

State Training School	2
lame of Department or Office	Eldora, I.A. 50627
3211 Edgington Ave. //ailing Address	Eldon, I.A. 50627 City, State, Zip Code
64]-838-3402	Sig., 3225, 24 3000
Area Code & Telephone No.	
ONTACT PERSON FOR RECIPIENT DEPARTMENT OR OF	FFICE:
Barb Fredericks	••
Name	74 0007
3211 Edgingrou Ave. Mailing Address (if different from above)	Eldora, IA, 50627 City, State, Zip (if different from above)
product@dps.state.is.us	Only oracle sup in amount norm above)
Email Address	Area Code & Telephone Number (if different from above)
Paul - Ward - 149 American Legion Auxiliary Name 105 South Main Gilman, IA 50106 Mailing Address City, State, Zip Code Area Code & Telephone Number Email Address (optional) Provide a description of the gift, bequest, or grant and purpose there A \$25 check for the Christmas fund	05/07/10 \$ 25.00 Date of Gift, Bequest, or Grant Amount/Value* "value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00",
Criteria to use this form: Receipt of any gift, bequest, or grant that is received by any dependent that it is received b	eported above is accurate. I further affirm that the information concerning the
Bars Frederica	05.07.10
Signature	Date .